

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 A (REV.6/2000c)

See Instructions and *Privacy
 Statement On Reverse Side

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CLAIMANT'S NAME Maziar Movassaghi		SSAN OR EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Toxic Substances Control	
POSITION Acting Director		CB/ID NUMBER NR		DIVISION OR BUREAU Executive Office	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1001 I Street		INDEX NUMBER 5000	
CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]		CITY Sacramento STATE CA ZIP CODE 95814		TELEPHONE NUMBER [REDACTED]	

(1) MONTH/YEAR		(3)	(4)	(5)		(6)	(7)				(8)	(9)			
Aug 2010		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	MEALS LUNCH	O.T., L/T, N/C, RELO. DINNER	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D)		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
(2) DATE	TIME										PRIVATE CAR USE				
											MILES	AMOUNT			
8/10	6:30	Residence to San Franciso							SC	37.50				37.50	
		Speaker at: Assoc of Defense Communities 2010 Conference - San Francisco									11.00				11.00
8/10		San Francisco to Santa Clara							SC						
		Meeting at Intel - Santa Clara re Green Chemistry & lead reduction program for circuit boards													
8/10	19:10	Santa Clara to Residence				18.00			SC					18.00	
(10) SUBTOTALS						18.00				48.50				66.50	
CLAIM TOTAL														\$66.50	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS(Attach receipts/vouchers when required)

A (Air) RC (Rental) SC (State Car)

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	TOTAL
8:00 AM - 5:00 PM	95080			292	18.00	295	48.50					\$66.50
(13) PRIVATE VEHICLE LICENSE No. [REDACTED]												
(14) MILEAGE RATE CLAIMED /mile												
AGENCY ACCOUNTING OFFICE USE ONLY												
PAID BY REV. FUND CHECK No.												
TOTALS					18.00		48.50					\$66.50

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.